



SAFETY AND BUILDINGS DIVISION  
Inspection/Rental  
P.O. Box 2538  
Madison, Wisconsin 53701-2538  
TDD #: (608) 264-8777  
<http://www.commerce.state.wi.us>

## Summary of Work-Related Injuries and Illnesses

Year \_ \_ \_ \_

Per chapter Comm 32, (32.10), all Wisconsin Public Employers must complete and submit this summary form, or the equivalent OSHA 300A form, by March 1 of each year even if no work-related injuries or illnesses occurred during the year. Review your "Log of Work-Related Injuries and Illnesses" to verify that the information you provide is complete and accurate. Using the Log, count the individual entries you made in each category. Then, write the totals below, making sure you've added the entries from each page of the Log. If you had no cases, write "0". Please Print all answers.

### Number of Cases

Total number of deaths:	Total number of cases with days away from work:	Total number of cases with job transfer or restriction:	Total number of other recordable cases:
_____	_____	_____	_____

### Number of Days

Total number of days of job transfer or restriction:	Total number of days away from work:
_____	_____

### Injury and Illness Types

Total number of: (1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing losses _____
(3) Respiratory conditions _____	(6) All other illnesses _____

### Establishment Information

Establishment name: \_\_\_\_\_  
FEIN number: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Mailing address (if different than street address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

### Employment Information

Annual average number of employees: \_\_\_\_\_  
Total hours worked by employees last year: \_\_\_\_\_

### Contact Information

Employer contact name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Date: \_\_\_\_\_  
Work e-mail address: \_\_\_\_\_

Return this summary by March 1 of each calendar year to: Safety and Buildings Division at the address above  
or e-mail to [IntegratedServices@commerce.state.wi.us](mailto:IntegratedServices@commerce.state.wi.us) or fax to ( 608) 283-7408